	U.S. Pe	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 199	5, no persons are required to respond to a colle Application Number	ection of information unless it displays a valid CMB control number. 10/599.143
TRANSMITTAL	Filing Date	
FORM	First Named Inventor	April 1, 2005
FORIVI	Art Unit	Lain-Yen Hu
	Examiner Name	
(to be used for all correspondence after initia		
Total Number of Pages in This Submission	Attorney Docket Number	PC32134A
ENCLOSURES (Check all that apply)		
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC Appeal Communication to Board
Fee Attached	Licensing-related Papers	of Appeals and Interferences
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
	Power of Attorney, Revocation	
Affidavits/declaration(s)	Change of Correspondence Ad	Other Enclosure(s) (please Identify
Extension of Time Request	Terminal Disclaimer	below):
Express Abandonment Request	Request for Refund	
✓ Information Disclosure Statement	CD, Number of CD(s)	
	Landscape Table on CD	
Certified Copy of Priority	Remarks	
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Authorization to charge the fee and any additional fees as necessary or credit any overpayment to Deposit Account 16-1445 is hereby given.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name Pfizer Inc.		
Signature		
Printed name J. Michael Dixon		
Date 4/13	C Re	eg. No. 32,410
CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail h an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	on I full	
Typed or printed name Diane L. Hetz	zler	Date 4-13-07

This collection of information is required by 37 CRP 1.5. The information is required to obtain or make a bornelit by the public which to be file (and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S. 0.2 and \$7 CPP, 1.11 and 1.4. This collection is but their to be compiled, including pathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the find/vidual case. Any comments on the amount of time you require to complete this form and/or suggestations for reducing this burden, should be sent to the Chief Information (F.U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.